

SHICK VOLUNTEER/PARTNER APPLICATION

The Senior Health Insurance Counseling for Kansas (SHICK) program provides free, unbiased, confidential counseling to anyone with questions about Medicare. If you are interested in exploring volunteer/partner opportunities with SHICK, please complete the following application.

Notice: We will only use your personal information to contact you with requests or information you'll need as a SHICK volunteer/partner. We won't share your contact information outside the SHICK program without your permission unless we're obligated by law to disclose it.

Applicant's Name: _____

Date: _____ **County:** _____

Contact Information

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

A. Which of the following SHICK positions interest you? (*Check all that apply*)

- ☐ **Medicare Counselor** – Provides basic information and counseling about Medicare Parts A, B, C, and D. Minimum requirements to be a fully-certified SHICK Counselor include 28 hours of self-study and in-person coursework.
- ☐ **Associate Counselor for Medicare C/D** – Provides information and counseling about Medicare managed care (Part C) and prescription drug plans (Part D). Minimum requirements include 14 hours of self-study and in-person coursework.
- ☐ **Call Center Operator** (available only to volunteers in the Wichita, Lawrence, and Topeka areas) – Answers the statewide SHICK hotline and forwards callers to appropriate area coordinators for assistance. Minimum requirement: must be a fully-certified SHICK Counselor.
- ☐ **Office Assistant** – Provides administrative support including data entry and other clerical duties (generally has limited contact with the public).

B. How did you hear about SHICK?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> SHICK presentation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Radio/TV ad | <input type="checkbox"/> SHICK website | |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Newsletter | |

C. Are you fluent in any language other than English (including sign language)?

- ☐ Yes ☐ No

If yes, please list the language(s): _____

D. Skills and Interests (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Organizing/Scheduling volunteers |
| <input type="checkbox"/> Public speaking with large groups | <input type="checkbox"/> Public speaking with small groups |
| <input type="checkbox"/> Partnership Development/Marketing | <input type="checkbox"/> Research |
| <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Volunteer Coordination/Recruitment |
| <input type="checkbox"/> Assisting individuals/One-on-One direct client services | |
| <input type="checkbox"/> Community events coordination/participation | |
| <input type="checkbox"/> Other _____ | |

E. Availability

Hours per month: ☐ 4 or less ☐ 5 to 10 ☐ More than 10

Preferred days and times:

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> As Needed | | |

F. Are you licensed and able to drive an automobile? ☐ Yes ☐ No

G. Experience

Are you retired? ☐ Yes ☐ No

If you are working, what kind of work do you do? _____

If you are working, do you work with people who have Medicare? ☐ Yes ☐ No

Are you currently volunteering? ☐ Yes ☐ No

If yes, what type of volunteer activity? _____

H. Please list two references that are not related to you.

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

I. Are you currently affiliated with any of the following:

Insurance company, agency, broker, or agent ☐ Yes ☐ No

Financial planning service or agent (including reverse mortgages) ☐ Yes ☐ No

Health insurance claims or billing service ☐ Yes ☐ No

Law firm or legal services organization ☐ Yes ☐ No

If you answered yes to any of the above, please explain: * _____

** (Coordinator: Any "yes" response should be forwarded to the SHICK Director for review.)*

K. Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a SHICK volunteer is to provide services free of charge to people with Medicare and is not to be used for my personal monetary gain.

Signature: _____ Date: _____

Please mail or fax this form to your local SHICK office at the address below. If blank, call the State SHICK Office at (785) 291-3357.

This is what you can expect to happen next:

- The SHICK Coordinator for your area will review this application.
- The SHICK Coordinator will call you to set up an interview.
- After your interview, SHICK will send you paperwork to submit for a background check.
- When you have passed a background check and are accepted as a SHICK volunteer, you will be received information for the initial self-study coursework and a schedule of the in-person training sessions being offered.
- If you have further questions, please call the coordinator at your local office, or the State SHICK Office at (785) 291-3357.